

Cornerstone Bone Allografts
Medtronic Structural Allograft for ACDF

Ordering Provider: Dr. Metcalf

Rep: Nathan Neuman – 315.430.4260

How to order:

- Send a tissue order to the Blood Bank
- Send a no charge purchase request to Purchasing

Example purchase request:



Incomplete forms will be returned - Shaded areas required

VENDOR:		Deliver To: BLOOD BANK		Date Needed: (ASAP is not acceptable)	
MEDTRONIC		Department Name	Department Number	<input checked="" type="checkbox"/> Overnight <input type="checkbox"/> Routine (est. 7 day turnaround) <input type="checkbox"/> Date needed by: _____	
		OR	016102	Purchase Order #:	

CMC Item #	EOC	Vendor Item #	Qty	Unit	Description / Notes	Implant Y N	Cost
067939		345541			CORNERSTONE ALLOGRAFT 5X14X11 TISSUE		0
067940		345641			CORNERSTONE ALLOGRAFT 6X14X11 TISSUE		0
067941		345741			CORNERSTONE ALLOGRAFT 7X14X11 TISSUE		0
067942		345841			CORNERSTONE ALLOGRAFT 8X14X11 TISSUE		0
067943		345941			CORNERSTONE ALLOGRAFT 9X14X11 TISSUE		0
					NO CHARGE PO		

Please list whom we should call for question regarding this requisition:
 Name: _____ Extension: _____

Total 0

ADMINISTRATIVE AUTHORIZATION FOR PAYMENT:

Signature: _____ Date: _____ Department Head (Authorized Signature)	Signature: _____ Date: _____ Materials Management
Print Name: _____	

Updated 11/19/24 MD